

VAPORHCS Psychology Training Committee
Statement to Trainees and Supervisors during the COVID-19 Pandemic
3/31/20

The United States and Oregon have declared a state of emergency due to the COVID-19 pandemic. An executive order (“shelter in place”) requires that Oregon residents stay home except for specific essential activities, and it asks that employees telework to the extent possible. In order to protect the safety and well-being of students, staff, Veterans and the community, the Veteran Affairs Portland Health Care System (VAPORHCS) Psychology Training Program is recommending that trainees modify their training plans to permit telework, telehealth, and telesupervision during the pandemic. These modifications will allow students to continue to receive quality training and provide quality clinical services to Veterans via telepsychology. These modifications are in line with flexibilities now permitted by the American Psychological Association (APA), Association of Psychology Postdoctoral and Internship Centers (APPIC), and the VA Office of Academic Affiliations (OAA).

The Psychology Training Committee would like to convey to trainees that their well-being is our top priority, and that we aim to support trainees and ensure their success during this very challenging time. The Psychology Training Committee, therefore, strongly recommends that trainees transition to telework, telesupervision and telehealth during the pandemic in order to promote safety and reduce risk exposures to trainees, supervisors, and patients. Supervisors are expected to support this transition for students. Trainees may need to physically come to the facility at times to fix remote access issues, attend to an essential duty that cannot be accomplished otherwise, or because other entities (hospital leadership, OAA, APA, APPIC) require this unexpectedly. However, the training committee believes trainees will otherwise be able to accomplish training goals and graduate successfully while working from home.

Trainees who telework will need to work with their supervisors to develop an appropriate Telework Training Agreement Amendment that outlines the activities that will be accomplished via telework. They will also keep a daily log of telework training activities. While students are teleworking, they will continue to work their normal tour of duty and be available to supervisors, staff, and patients during those hours. Students will continue to work on training goals as described in their original training agreement (unless specifically modified in the addendum), and they will continue to be evaluated on aims and competencies as described in their evaluation forms. Trainees will be expected to achieve minimum levels of achievement (MLAs) on all competencies by end of the academic year in order to successfully complete internship (MLAs are described in the evaluation forms). Trainees will continue to receive minimum hours of supervision as required by the training program, OAA, and APA; supervision may be via telesupervision.

Supervisors and trainees are encouraged to actively identify competencies that need extra attention by the end of the academic year (e.g., What are priority areas of training given your career goals and next steps? What weaknesses, strengths or values would be most helpful to focus on?) The Psychology Training Committee is committed to helping supervisors and trainees identify opportunities to address these priority areas, so please let us know what challenges you are having. For example, many tracks and rotations are well set up for telehealth services, but others may have more difficulty converting to telehealth. Neither APA nor our training program have specific clinical hour requirements for graduation, but we do expect all trainees will be able to continue to provide clinical services via telehealth/telework during the pandemic. APPIC requires that at least 25% of an intern’s time be spent on face-to-face patient contact hours. Since our internship is clinically focused, this has been easily

accomplished across the internship year in typical years and was not something we were required to track. Taking into account clinical activities prior to COVID-19 restrictions, our trainees will still meet this requirement. However, going forward, the goal should still be for trainees to focus at least 25% of their time on direct patient care; this would include video or telephone visits conducted with Veterans remotely. Indeed, we believe students and supervisors can serve a critical role in responding to the mental health needs of our Veterans during this crisis. Please let us know how we can help you achieve your goals, and we will do our best to help everyone adapt to evolving circumstances.

We understand this is a very stressful time for all trainees and supervisors. We hope you will take time for self-care and find ways of getting the support you need. We want you to know we are here for you. Please feel free to reach out to your supervisors, preceptors, the training directors, or any of us training committee members now and across the coming weeks.

Stay healthy!

The Psychology Training Committee

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